

## HMO Data Collection



State of Wisconsin  
Office of the Commissioner of Insurance  
P.O. Box 7873  
Madison, WI 53707-7873  
(608) 266-3585

Ref: Section Ins 9.40 (5), Wis. Adm. Code

Company Name	
Name and Title of Individual Completing Form	Telephone Number (     )

Complete the following with the numbers that were submitted to NCQA for your latest survey.

HEDIS Data Element	Numerator	Denominator	Score
Women age 52-69 who have had a mammogram within the past 2 years			
Women age 21-64 with at least 1 pap smear in the last 3 years			
Number of Type 1 and Type 2 diabetics with an eye exam during the past year			
Members age 6 and over who were hospitalized for a mental illness and had an ambulatory visit within 7 days or within 30 days of discharge			
Children age 12-24 months with at least one visit to a primary care practitioner during the past year			

### CAHPS Survey Results

Total number of usable answers: \_\_\_\_\_ Response rate: \_\_\_\_\_

Satisfaction with the time spent with the physician:

Never	Sometimes	Usually	Always	No visits

Overall satisfaction with the health plan:

0	1	2	3	4	5	6	7	8	9	10

### Certification of Data Set

I, \_\_\_\_\_, an officer of \_\_\_\_\_  
(name) (company name)  
hereby certify that I have authority to bind and obligate the company by filing this data form. I further certify, pursuant to s. Ins 9.40 (5), Wis. Adm. Code, that, to the best of my knowledge, information, and belief, the submitted data was collected according to HEDIS and NCQA guidelines [with the reported variations].

Signature	Title	Date
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